Signature

TEMIZED INDEPENDENT EXPENDITURES	;		PAGE 6502 OF 6994
NAME OF COMMITTEE (I. F. II)			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  MOVEON.ORG POLITICAL ACTION  FEC IDENTIFICATION NUMBER			
MOVEON.ORG FOLITICAL ACTION			C C00341396
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on M M M / D D / Y Y Y Y Y
Full Name of Payee Facebook		☐ Memo	M M / D D / Y Y Y Y
Mailing Address 1 Hacker Way			11 06 2018 Amount
	1 -		
City	State	Zip Code	3491.97
Menlo Park	CA	94025	Transaction ID : SE.30438  Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type	11 06 / Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sought:   House District: 01
FINKENAUER, ABBY, , ,		Oppose	President Senate State: IA
Calendar Year-To-Date			Disbursement For: Primary X General
Per Election for Office Sought	7	13905.70	2018 Other (specify) ▶
Full Name of Payee		☐ Memo	tem Date of Public Distribution/Dissemination
Facebook			M M / D D / Y Y Y Y
Mailing Address			11 06 2018
1 Hacker Way			Amount
City	State	Zip Code	6601.96
Menlo Park	CA	94025	Transaction ID : SE.30439  Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
Digital Advertising		Type	11 06 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:   M House District: 03
AXNE, CINDY, , ,		Oppose	President Senate State: IA
Calendar Year-To-Date			Disbursement For: Primary X General
Per Election for Office Sought		35292.69	2018 Other (specify) ▶
		'	
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized		
Matzzie, Tom, , ,	[Electronically Fil	led1 -	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
O'con a trans	Laces omeany I'll	Date	12 06 2018